Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program
Total Organic Carbon (TOC) Report

A. PWS Information

1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section

PWS ID # _____   City/Town _____

PWS Name _____   PWS Class: ☐ COM ☐ NTNC

Raw: _____
        DEP Source Code/Location ID   Sample Location   Date   Time [1]   Collected by

Treated: _____
        DEP Source Code/Location ID   Sample Location   Date   Time [1]   Collected by

Notes _____

B. Laboratory Analytical Information

Analyzed by _____   Lab Certification # _____

Subcontracted: ☐ _____   Sub. Certification # _____
                Subcontractor Laboratory Name

Notes _____

	Raw Water TOC	Alkalinity (Raw Water)[2]	Treated Water TOC
Result mg/L			
Analytical Method			
Detection Limit mg/L			
Date Analyzed			
Lab Sample ID#			

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

_____
Primary Certified Operator or Laboratory Director

_____
Date

NOTE: PWSs that use Surface Water or Ground Water Under the Direct Influence of Surface Water that are seeking or are approved for reduced TTHM/HAA5 sampling must measure raw water TOC and report these results to DEP. These PWSs must maintain an annual average source water TOC level   4.0 mg/L (calculated quarterly).

For DEP Use Only - Please initial and date as completed:

Accepted: Disapproved: Data entered into WQTS:

Comments: